The Faculty of Intensive Care Medicine

Good practice statement for Educational Development Time (EDT) and Keeping in Touch (KIT) days for Intensivists in Training

Introduction

Educational Development Time (EDT), also known as self-development time (SDT) or time for supporting professional activities (SPA time), allows doctors to pursue activities that support their professional growth, the requirements of their training curricula and those of the GMC Professional Capabilities Framework.

For those in intensive care medicine who are dual or triple training with partner specialties (anaesthesia, acute medicine, general medicine, respiratory, renal, emergency medicine) or those working towards sub-specialty accreditation (e.g. PHEM or PICM), it is recognised that there may be a stretch of several months where IiTs are either not exposed to ICM, to their partner specialities or sub specialty. When this experience cannot be facilitated via EDT, Keeping in Touch (KIT) days may be utilised.

Keeping in touch (KIT) days[1] are designed for those in dual or triple training programmes or who are working towards subspecialty accreditation, to maintain specialty specific skill sets, when there are extended periods of reduced clinical exposure to a particular specialty or subspecialty. An example of this would be those in stage 3 ICM training who are not exposed to their partner specialty or subspecialty for 12 months.

Principles of good practice for EDT

- EDT should be protected rostered time.
- EDT can be utilised for clinical (e.g. procedure clinics, POCUS exposure, airway exposure in theatre) or non-clinical (educational/clinical supervisor meetings, reflection, e-portfolio input, preparing / delivering teaching, quality improvement, research or career exploration) activities.
- Evidence of EDT activities should be captured on Lifelong Learning Platform (LLP). This could be in the form of a Personal Development Plan (PDP), Personal Activity, reflection or SLE (Supervised Learning Event).
- EDT can either be fixed (built into rota patterns) or requested flexibly by the Intensivist in Training (IiT) in a similar manner to other types of leave.
- If IiTs are requesting EDT flexibly:
    - IiTs should follow local guidance for requesting leave e.g. minimum 6 weeks' notice or arranging swaps to cover on-call duties where necessary.
    - Requests for EDT should be approved promptly by the rota coordinator; a PDP should be considered sufficient evidence for approving an EDT activity and EDT should not be cancelled to provide service provision unless there are extraordinary circumstances.
- EDT recommendations vary by medical specialty and grade of training. FICM recommends that those in stage 1 and 2 of the ICM training programme have up to two hours per week and those in stage 3 training, up to 4 hours per week. For rota

[1] ***Please note that FICM KIT days described above are distinct from the 'Keeping in Touch' days endorsed during statutory leave.**

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management it may be easier to cohort EDT into 8 hours per month for those in stages 1 and 2, or 8 hours per fortnight for those in stage 3 training.
- EDT is in addition to study leave allowance.
- EDT may be taken remotely.

Principles of good practice for KIT days

- FICM only recommends KIT days for those in dual or triple training programmes or who are working towards subspecialty accreditation (e.g. PHEM or PICM).
- KIT days are only recommended for those who are undertaking a placement where there is an extended period of limited exposure to either ICM, their partner specialty or subspecialty. For example:
    - During the medical year of stage 1 training, dual EM or anaesthesia IiTs may request KIT days for clinical exposure in the Emergency Department (EM IiTs) or theatres (Anaesthetic IiTs) or on the intensive care unit (EM and Anaesthetic IiTs).
    - During the anaesthetic year of stage 1 training dual medicine and emergency medicine IiTs could request a day in a medical specialty (Medical IiTs) or the Emergency Department (EM IiTs) or on the intensive care unit (medical and EM IiTs).
    - During stage 3 ICM training, dual or triple IiTs could request a KIT day in their partner specialty or in intensive care medicine – depending on their current placement.
    - During stage 3 training, those undertaking a subspecialty accreditation (e.g. PHEM or PICM) could request KIT days in their relevant subspecialty.
- Up to 2 KIT days per month (to a maximum of 12 per year) may be requested but this is **at the discretion of the FICM Tutors** and are in addition to EDT and study leave allowances.
    - The **maximum of 2 KIT days per month is the monthly TOTAL allowed per IiT** e.g. a stage 3 dual EM IiT with PHEM accreditation could only take a maximum of 2 KIT days per month rather than 2 days for EM and 2 days for PHEM.
- KIT days should be used for **clinical activities only** and evidenced on the LLP.
- Whilst an IiT at any stage of training can request a KIT day, the Faculty feel that they should very rarely be required in stage 1 ICM training and only used in certain circumstances where the IiT can demonstrate there is the deficit of a specific skillset. KIT days are more likely to be beneficial to those in the latter stages of ICM training particularly those in stage 3 preparing to start a multi-specialty consultant job plan.

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